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PTO/SB/05 (11/00)

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UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>	Attorney Docket No.	515858-2007
	First Inventor	James Traut
	Title	REPLACEMENT PAD ASSEMBLY FOR HEAD IMMOBILIZER AND CERVICAL COLLAR
	Express Mail Label No.	EV 287823136US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	Addressed to: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450				
<div>17354 U.S. PTO 10/622059</div>					
<div>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i></div> <div>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</div> <div>3. <input checked="" type="checkbox"/> Specification [Total Pages 22] <i>(preferred arrangement set forth below)</i><ul style="list-style-type: none">- Descriptive title of the invention- Cross References to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix.- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings <i>(if filed)</i>- Detailed Description- Claim(s)- Abstract of the Disclosure</div> <div>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 24]</div> <div>5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages 2]<div>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</div><div>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i><div>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</div></div></div> <div>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76.</div> <div>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i></div> <div>8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i><div>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</div><div>ii. <input type="checkbox"/> paper</div><div>c. <input type="checkbox"/> Statements verifying identity of above copies</div></div>					
ACCOMPANYING APPLICATION PARTS <div>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</div> <div>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i></div> <div><input type="checkbox"/> Power of Attorney</div> <div>11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></div> <div>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</div> <div>13. <input type="checkbox"/> Preliminary Amendment [FROM PARENT]</div> <div>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></div> <div>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i></div> <div>16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach from PTO/SB/35 or its equivalent.</div> <div>17. <input type="checkbox"/> Other: REQUEST FOR THREE-MONTH EXTENSION</div>					
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <div><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input checked="" type="checkbox"/> Continuation-in-part (CIP) of prior application No.: 09/741,296</div> <div>Prior application information: Examiner: M. Moore Group/Art Unit: 3673</div>					
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.					
19. CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number or Bar Code Label	<div> 20999 PATENT TRADEMARK OFFICE</div> <div>or <input type="checkbox"/> Correspondence address below</div>				
Name	FROMMER LAWRENCE & HAUG LLP				
Address	745 FIFTH AVENUE				
City	NEW YORK	State	NEW YORK	Zip Code	10151
Country		Telephone	212-588-0800	Fax	212-588-0500
Name (Print/Type)	Matthew K. Ryan	Registration No. (Attorney/Agent)	30,800		
Signature		Date	July 17, 2003		



Patent Application Transmittal
(only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Correspondence Address:
FROMMER LAWRENCE & HAUG LLP
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TEL: (212) 588-0800 FAX: (212) 588-0500

Date: July 17, 2003
Attorney Docket No.: 515858-2007

Box Patent Application
COMMISSIONER FOR PATENTS
Alexandria, VA 22313-1450

Sir:

With reference to the filing in the United States Patent and Trademark Office of an application for patent in the name(s) of: James Traut and Sean Phillips

entitled:

REPLACEMENT PAD ASSEMBLY FOR HEAD IMMOBILIZER AND CERVICAL COLLAR

The following are enclosed:

- ☐ This is an application of a small entity under 37 CFR 1.9(f) and the amounts shown in parentheses below have been employed in calculating the fee:
 - ☐ Small Entity Verified Statement(s) is (are) enclosed.
 - ☐ Small Entity Verified Statement(s) filed in prior application, status still proper and desired

- ☒ Specification (22. pages)
- ☒ 24 sheet(s) of Drawings
- ☒ 39 claim(s) (including 10 independent claim(s))
- ☐ This application contains a multiple dependent claim

- ☒ Our check for ~~\$1680.00~~ on the basis of the claims as amended by any enclosed preliminary amendment as follows:

Basic Fee, \$750.00 (\$375.00).....	\$750.00
Number of Claims in excess of 20 at \$18.00 (\$9.00) each: .	\$342.00
Number of Independent Claims in excess of 3 at \$84.00 (\$42.00) each:	\$588.00
Multiple Dependent Claim Fee at \$280.00 (\$140.00)	0
Total Filing Fee.....	\$1680.00

- ☒ Assignment Recording Fee \$40.00.....\$40.00

- ☒ Oath or Declaration and Power of Attorney
 - ☒ New ☒ signed ☐ unsigned
 - ☐ Copy from a prior application (37 C.F.R. 1.63(d))

- ☐ Certified copy of each of the following application(s) to substantiate the claim(s) for priority made in the Declaration will be filed in due course.

Application No.	Filed	In
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Please charge any additional fees required for the filing of this application or credit any overpayment to Deposit Account No. **50-0320**.

Respectfully submitted,
FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicant(s)
Matthew K. Ryan

By: Matthew K. Ryan
Reg. No. 30,800

00138014

CERTIFICATE OF MAILING - SEPARATE PAPER

Attorney's Docket No. : 515858-2007

Continuation of
Serial No. : 09/741,296

Filed : Herewith

Applicant(s) : James Traut
Sean Phillips

For : **REPLACEMENT PAD ASSEMBLY FOR HEAD
IMMOBILIZER AND CERVICAL COLLAR**

"Express Mail" Mailing Label Number EV 287823136 US

Date of Deposit July 17, 2003

I hereby certify that this paper or fee is being deposited with the United States Postal Service

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Alexandria, VA 22313-1450.

Charles Traut

(Typed or printed name of person
mailing paper or fee)

Charles Traut

(Signature of person mailing paper or fee)